


<div>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</div> <div>FEE TRANSMITTAL FOR FY 2005</div> <div><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div>		Complete if Known		
		Application Number	09/963,698	
		Filing Date	September 26, 2001	
		First Named Inventor	Francis Barany	
TOTAL AMOUNT OF PAYMENT (\$)		3,130.00	Examiner Name	P. Ponnaluri
			Art Unit	1639
			Attorney Docket No.	19603/3355 (CRF D-1595-16)

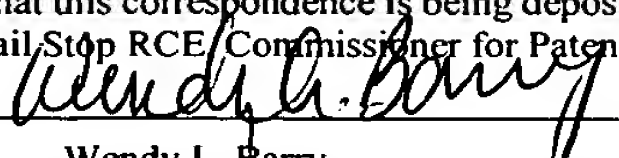
METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account Deposit Account Number: 14-1138 Deposit Account Name: Nixon Peabody LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-20238.	

FEE CALCULATION							
1. BASIC FILING, SEARCH AND EXAMINATION FEES							
FILING FEES		SEARCH FEES		EXAMINATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description						Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent						50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
24 - 147 =		0	x		Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
1 - 3 or HP =		0	x				
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
- 100 =	/ 50 =	(round up to a whole number)		x			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other: RCE Filing Fee						\$790.00	
Information Disclosure Statement						\$180.00	
Petition for Extension of Time Under 37 CFR 1.136(a)						\$2,160.00	

SUBMITTED BY			
Signature		Registration No. 30,727 (Attorney/Agent)	Telephone (585) 263-1304
Name (Print/Type)	Michael L. Goldman		Date April 10, 2006

CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to: Mail Stop RCE Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 10, 2006.

Signature: 

Name: Wendy L. Barry